FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01 30	.0	or tile	IIIVESIIIEIII	Company /	ot OI 13	7-0							
Name and Address of Reporting Person* Kornberg Joshua					2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]							5. Rela (Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KOITIDE	<u>rg Josiiu</u>	<u>d</u>							-			X	Director		X	10% Owi	ner	
(Last)	(1	First)	(Middle)	_								X	Officer (g below)	ive title		Other (sp below)	ecify	
1 GRAND ARMY PLAZA #9F					3. Date of Earliest Transaction (Month/Day/Year) 03/07/2014							(CEO and	l Presi	dent			
(Street)	LYN N	۱Y	11238		4. If Amendment, Date of Original Filed (Month/Day/Year)					l	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(:	State)	(Zip)		Tom med by More than one reporting reason								9					
		1	able I - Non-	Deriva	tive S	Securitie	s Ac	quired, E	isposed	of, o	r Ber	neficially (Owned					
Date					2A. Deemed Execution Date if any (Month/Day/Yea		Date,	Code (Instr.				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	/ Amou	nt	(A) or (D) Pri		Reported Transactio (Instr. 3 an	n(s) id 4)		"	nstr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	saction Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am Securities Unde Derivative Secu (Instr. 3 and 4)			Underlying Security	lying Derivative		er of ee es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisable	Expiratio Date	Title		Amount or Number of Shares		Transaction(s) (Instr. 4)				
Non- qualified Stock Options	\$0.23	03/07/2014		A		2,445,652		03/07/2014	03/07/202	4 par \$0.0	nmon ock, value 1 per	2,445,652	(1)	22,879	,894	D		

Explanation of Responses:

1. The grant of non-qualified stock options to Mr. Komberg was made pursuant to a Stock Option Award Grant, dated as of March 7, 2014, under the Issuer's 2012 Stock Incentive Plan.

/s/ Joshua Kornberg 03/20/2014

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.